

# Clinic has last say on labiaplasty

## Staff

Clinic doctor Rosemary Basson will have the final say on who gets labiaplasty. Medical Services Plan has gone on record as saying it will fund labiaplasty for patients who have re-

ceived vagioplasty by Dr. Meltzer when the secondary is deemed necessary by Dr. Basson.

Patients who have paid for their own labiaplasty are being contacted by MSP to arrange for reimbursement fees.

Meanwhile Medical Services Commission will decide on a future course of action for gender reassignment policy after it has reviewed a plan that was to have been submitted by MSP administrators in late October.

## ZENITH DIGEST

Vol. 5, No.5

\$8.00 Cdn \$6.00 US

*A serious and informative periodical for the transsexual community*

## We're winners!

*Zenith Foundation web site has been chosen weekly winner of the LesBiGay Proud! Out Loud! award by Gay Vancouver Online. Cudos to Danielle Sherstobitoff who put together the Zenith site*

*The web site can be found at  
<http://www.genderweb.org/~zenith>*



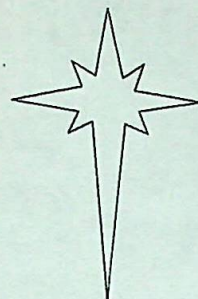
## Meeting Comes To Order

*Zenith members gathered for their annual general meeting on September 28. A good turnout was on hand to take care of the business that had to be taken care of and then get on with*

*enjoying a pleasant feed. The president's message by Sarah Wilson and a photographic account by Photo Editor Tamara S  le appear in full on Pages 9-12*



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# ZENITH DIGEST

Volume 5 Number 5

September/October 1998

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# MAILBAG

Dear Editor,

I just receive the latest edition of *Digest*. I am impressed. The quality of the publication continues to improve with each issue. Many people have a lot of difficulty understanding gender dysphoria. There is no quick and simple answer, but I think it is essential to get good information out there to the public at large. If the new human rights code is adopted, B.C. will have taken a step to becoming a more tolerant and just society. Bigotry is born of ignorance and education is the best way to combat it.

I am always trying to think of a concise way to inform others about gender identity disorder. Unfortunately, the topic is too complex to make into a one pager, but I did come up with a ten point list of indicators for M2F gender dysphoria:

In searching the internet I have come across an excellent series of articles by Ann Vitale, who runs a gender clinic in San Francisco. This web site can be reached at <<http://www.avitale.com>>. This has some of the best material I have read so far on the topic.

Kudos to the editor and staff at Zenith for an excellent publication.

Joanne M.  
Penticton

## Ann Vitale's 10-point list

1. Behaviour: Hypermasculinity - macho facade - high risk sports such as auto racing, scuba diving, mountain climbing, etc. Willingness to "go along with the boys" (tell dirty jokes, etc.). May indulge in promiscuous heterosexual activities. May immerse self in career or hobbies to the point of obsession.

2. Appearance: Macho appearance between bouts of cross dressing - often growing beards or moustaches. Will "purge" self of feminine clothes by disposing of them - only to buy more.

3 Health: Migraine headaches, mild to severe depression, mood swings, short temper. Concern about body image and weight.

4 Emotional: Tightly controlled emotions (only willing to show anger, - never tears) May resort to alcohol or drugs.

5 Friends: Very few (if any) close male friends Afraid to make female friends. Afraid to confide with others.

6. Expressions of femininity: Afraid to do so as normal males might. Only feels good about it when presenting oneself as a woman (cross dressing).

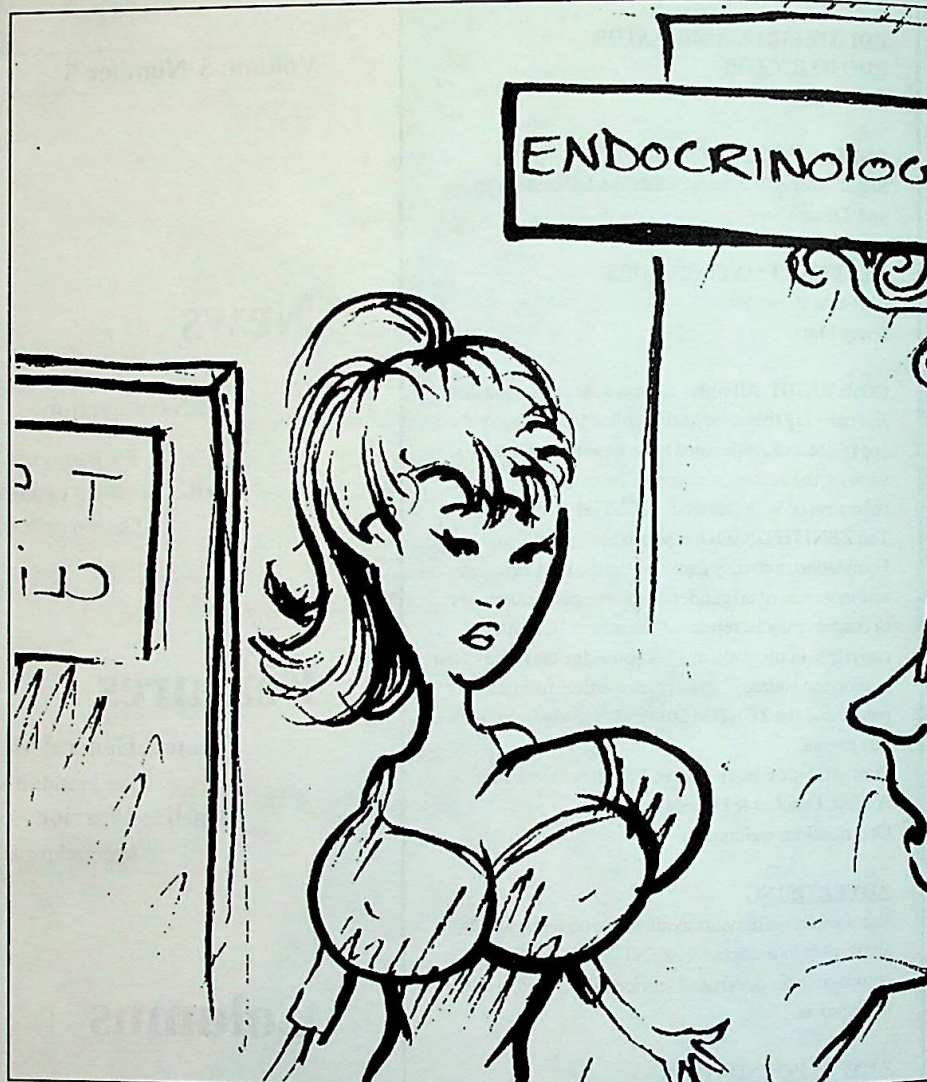
7. Social needs: Greatest need is acceptance as a female. Dreads rejection and fears being "read". Fear of social stigma, being labelled as a queer or pervert.

8. Cross-dressing: May or may not be associated with eroticism, but unlike transvestites,

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## INSIDE OUT

Melissa Tulloch



"What seems to be the problem??"

who cross dress for kicks then return to "normal", the transsexual feels empty and let down after cross dressing and reverting to male role. Type of clothing worn may not be necessarily erotic. Often happiest when "dressing down" in a female role. A feeling of rightness and contentment is the main emotional goal.

9. Sexual: Fantasizes about sex as a female,

but not interested homosexual relations with men. Often attracted to, and envious of, women. Torn between wanting women and wanting to be one. Attraction to men may change with transition,

10 Lifestyle: Usually tries very hard to adopt normal life. Often marries, has children, but is always haunted by gender identity disorder.

## You gotta laugh

A visitor to the office of a new doctor came up with a fitting real-life addendum to the "You know you're in San Francisco..." It goes like this: "You know you're in San Francisco when the forms in the doctor's office ask your 'sex (at birth)'."

San Francisco Chronicle



# DIGEST tries to meet readers' needs; we too have needs, anybody there?

Writing, organizing and publishing a special interest infosheet such as the ZENITH DIGEST, presents its own unique problems.

For many people the Digest has become "our community newspaper". It is gratifying to see the fervour and interest with which it is looked forward to and read. If there is any danger of it being unduly late, some of our readers phone up and ask what the problem is, or why it is late, at which point we have to remind them it is all put together by volunteer effort and sometimes a volunteer has to make sure that her personal rent is covered before she can donate the needed time to the Digest. This matter of personal priorities can throw a monkey wrench into schedules, but it's unavoidable at times.

Okay relax, we are not going to talk about finances this time around and we covered production and distribution in the last issue. What I now want to explain are some of the challenges we face in choosing material which includes a decision as to whether we should or should not take an interest in a given subject, whether we should encourage or discourage a contributing columnist from talking about a subject of her choice, either for reasons of relevancy or because we are already covering a subject elsewhere in the journal, or for several other equally valid reasons, whether an issue is news, opinion, or simply the dissemination of useful information etc.

Then there is the matter of policy. We clearly state that we are, "A serious and informative periodical for the transsexual community." That is our central motivation, so how far do we allow ourselves to move away from this perhaps sometimes confining self-imposed position? Two issues back we reported as front page news on a matter concerning a contemporary organization because its annual meeting was treated by us as an important local event. It was indeed a hiatus which only reflected a more serious hiatus within the organization and while we wish the organization concerned the best in terms of its future, its present state of affairs has been seen by us as a matter of concern to the community and the expression of concerns are often legitimate copy for any news sheet.

A small number of our readers let us know that they felt that this was a mistake on our part for one reason or another. They are entitled to their opinion, but should not forget that while something has no appeal to them, someone else in the membership is interested. Triviality, insensitivity to the problems of a sister organiza-

tion, time and space wasting when there are bigger issues to be tackled were all given as reasons for avoiding this matter, and yes, it's true such a matter is of no interest to our reader in Toronto or Sydney, Australia. And who is to say what will interest one reader and cause another to ignore?

So, where do we draw the line? We do our best to present news as news and sometimes it's hard to find something that can be classified as such. Opinion is opinion and we seldom restrict our contributors in their choice of subject and treatment, so long as they do not stray too far afield, because that is the essential element of creative writing (We have published "Writer's Guidelines" a copy of which is available to anyone interested). The need for factual information is always there and in that regard accuracy is the watchword.

News, opinion and factual information are the three basic elements that go to make up the mix. After having criticized the Clarke Institute in a major way, reporting on the Harry Benjamin event a year ago and treated with other weighty events we now and again turn to a lighter matter. The still photographic art of our photo editor occupied our centrespread a few issues back. Last year we featured the serious art of our cartoonist, Melissa Tulloch, and with this issue a regular cartoon from her is featured. Humour, and the fact that we can laugh at ourselves has a place in the DIGEST and the fact that art sometimes seems to be only remotely connected to our central theme, causes us to believe it also has a place in the DIGEST as it gives us an opportunity to enjoy the talent of others and reminds us that there is more to life than just recycling T issues.

The centre spread in the last issue once again was a photo essay by Tamara Sale. The subject was the annual Vancouver Pride parade, an event which a number of our members always watch and a few might participate in through other organizations. We, like a great many of the public, regard the parade as an entertainment spectacle and an opportunity to lighten up. Anything that helps take off the sharp edges of the public perception of the overall com-

## Editorial

by Stephanie Castle



munity is good for everyone.

Having said that, we have been asked on several occasions why the Foundation does not participate in this event which we otherwise support in principle? Our answer is, as we philosophically encourage all of our members to get back into the mainstream of life and, because normalization of our lives is the paramount objective of most transsexual persons, public entertainment and dress up spectacles do not fit our philosophy as an organization. That condemns no one else's different view and confirms why we prefer to stand on the sidelines with the public and clap, cheer and laugh with the rest, but it does not prevent us from appreciating someone else's effort which is why we happily ran this feature in the last issue.

So there we have it. The DIGEST is the result of the professional effort of Dianne O'Brien and Tamara Sale, the publisher Sarah Wilson representing the Zenith Foundation, and columnists Nefertiti, (a resurrected Egyptian mummy), crisply humorous Jenny Mars, supercharged Christine Burnham, topical cartoonist Melissa Tulloch, and others whose less regular input is always appreciated. Coming up astern, propelled sometimes by her own wind, accused sometimes of writing forms which stretch from Churchillian through to the mellifluous, is yours truly, the editor who tries to marshall all her chicks so that we all cross the starting line together at each issue.

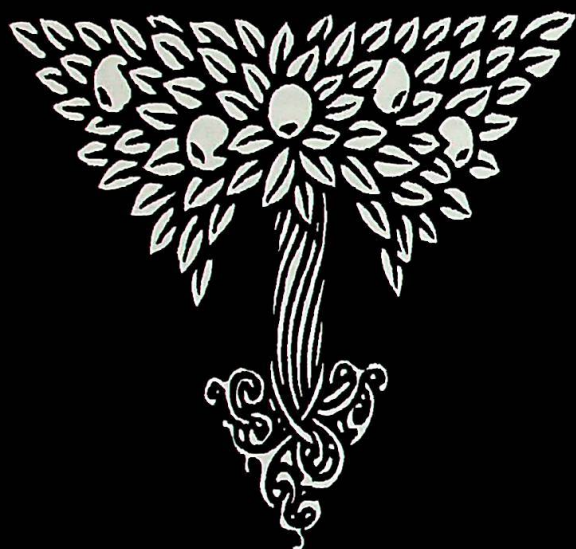
There are two deficiencies we want to cure as soon as we can find suitable contributors. **One, we need a regular contributor from Vancouver Island.** We have an important membership there and better coverage is needed. I have someone in mind, but that depends on how successful I am at twisting her arm. **Two, we want to find one or more regular commentators from the Prairie provinces and/or Eastern Canada.** Political news, human rights treatment, Ministry of Health issues and anything else that's pertinent, are what we need and would like to pass on to our readers -- So, Dear Worm, please come out of the woodwork and let's hear from you. We will happily send you our writer's guidelines on request.



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FROM THIS SIDE OF THE FENCE

## Just what does make you tick... and what ticks you right off

By Jenny Mars

Have you ever really thought about what makes you angry? It's a worthwhile exercise for anyone, not just *DIGEST* readers. I don't mean obvious things that would tick anyone off, like being cheated at the garage, but rather the things that anger you to a much greater degree than they would other people. They invariably reveal more about you than you might think.

In life #1, I used to write like a demon to the local paper about things that made me mad. I had 33 letters published in the Sun, most railing at targets like terrorist bombers, religious fanatics, callous bureaucrats, and autocratic union leaders. To me, they all seemed like legitimate gripes, worthy of my time and attention. I never saw the pattern until I came to terms with myself in life #2. It was then that I realized that all the people who had got me so riled were ones I saw as bullies in life, and that they, in turn, represented the kids who had, with impunity, made my school years so miserable. I had grown to detest all oppressors, especially those whose actions seemed based on ignorance and self-interest. The thought that they would often go unpunished infuriated me. Today, there are as many bullies and more out and about in the world, but I see them as an unfortunate ingredient of life rather than as my persecutors.

I found myself expounding to my roommate about the increasingly annoying public visibility of transvestites and "transgenderists" the other day. It seems odd that as a regular folk she always looks at gender issues with more equanimity than I, and her dispassionate reaction caused me to look more deeply at what was bugging me. On the surface, I objected to their clamouring for special rights and protections. Why should they, who play with their gender image like a toy, receive the same rights to the ladies' washroom that people like myself had earned with the high price paid in pursuing a sex change? On the other hand, why should it concern me? No one's ever told me I couldn't use the jane! Yet I found myself bristling as I watched a loud demonstration. Maybe it called for a serious look at my anger:

All right, I asked, why does it bother you? *Because they're obstreperous and completely shameless.*

Why does that bother you? *Because people with what is basically a sex thing going on are getting attention and recognition.*

Why does that bother you? *Because people are going to associate TSs with a bunch of queens and thrill seekers.*

Uh, ditto? *Because I want to be totally separate from them. My issue is one of gender, not sex.*

And...? *I need to believe in that separation. As someone who changed in her 30s, there are professionals out there who think I may have been an ineffective male who wore down his gender identity with fantasies and transvestite behaviour.*

Do you believe that? *Heck, no! I was obsessed with my gender confusion as a four year old. I was screwed up all through school! Maybe I shouldn't care how these people carry on; they don't represent me.*

Okay, it may seem simplistic and formulaic, but so is cognitive therapy! Transsexuals often carry a lot of anger around, and just maybe the key to understanding yours is a simple technique. I know I still want all the help I can get.



Brain Sex authors avoid term transsexualism but text offers explanation

# Book makes DES Connection

By Jenny Mars

It was the spring of 1954. Lenore, 24 and married less than two years, waited for two o'clock in Dr. Calden's office. She was excited and a bit apprehensive; at eight weeks, she was within days of the date her previous pregnancy had, as they put it, "spontaneously aborted." It had been heartbreaking, but so soon into her term the idea had been as much a matter of faith as the sense of a new life within her. Everyone had said that was a blessing. She had put it behind her as well as anyone could, and with the doctor's encouragement, she and Jim had tried again not long after.

"Mrs. M., if you'd like to come in now..." She followed the nurse into Room 2. The doctor came in and in a few minutes performed a brief examination; everything seemed fine, he said.

"But I know you're concerned about the possibility of losing this one, too, aren't you?" he added, answering the unasked question that seemed to hang in the air. "I have just the thing for you. It's becoming very popular for first pregnancies or where women have had difficulty carrying to term." He picked up a prescription pad and began noting on it.

"Is it a - a drug?" asked Lenore, a bit surprised.

The doctor smiled reassuringly: "Actually, it's a synthetic estrogen, the hormone that is telling your system to make a baby right now. It's called 'DES.' Having a little extra on hand seems to help one over the rough spots." *Rough spots.* She wondered if he knew how difficult life with an ambitious, perfectionist husband could be at times. The help sounded like a good idea...

Lenore took the pills regularly, and Dr. Calden was as good as his word. In October, she gave birth to a healthy boy, the first of three children she would bring into the world. With her confidence buoyed, she would forego the medication two years later and have a second son without complications.

I don't know if my mother really had that conversation with her doctor the year I was born, for she passed away when I was only a child and her medical records are now long gone. But it is a scenario that was repeated thousands of times in the 1950s, '60s, and even into the '70s, as anxious young mothers-to-be turned to their doctors for help and advice. What no one knew - or had tested adequately for - was the effect that diethylstilbestrol, or DES, could have on a fetus. In their book *Brain Sex*, Anne Moir and David Jessel positively state that the widely-prescribed drug frequently counteracted the androgens being supplied to unborn male children by the mother, and effectively feminized their brains. Strangely, the book never uses the term transsexual, but the brief case studies they present are classics of primary TS behaviour.

It should be noted that *Brain Sex* is not a scientific work; the authors are not medical doctors and there are no footnotes for those who might wish to research the actual studies upon which they make their case. But the allegations about DES are a tantalizing explanation for a lot of cases

of extreme gender dysphoria. It is popular knowledge today that *in utero* we are all essentially females until, in the case of XY fetuses, the mother's body somehow reacts to the child's genetic makeup and begins producing a virtual bath of androgens within her womb. In fact, a boy normally experiences a higher concentration of "male" hormones before birth than he will in his most sexually charged days of young manhood. This appears to be essential for both normal physical and mental development, although the latter assumption is still challenged by those who feel gender identity is forged after birth. Moir and Jessel contend that by upsetting the normal hormonal balance within the mother's system, administering DES effectively suppressed the androgenic effects and did indeed give rise to a number of intrinsically feminine boys.

There is no question that DES has had long-term, far-reaching effects for men and women whose mother took the drug. The Montreal-based DES Action Canada offers pamphlets and support for "DES Sons" and "DES Daughters." The physical effects of prenatal absorption of the drug are well documented. In males, varicoceles, small and/or undescended testes and infertility are some of the common problems. Whether male gender instincts do not develop as a result of DES is something they do not delve into.

The biggest problem in making the connection - or dismissing it - is the lack of reliable records. Both hospitals and doctors are not required to keep patient information that is over six to 10 years old in British Columbia, although the rules vary widely from province to province.\* Moreover, an obstetrician your mother saw 30 or 40 years ago may well be deceased by now, and his records long gone. Mom may still be around, but does she remember the drug she was prescribed

so long ago? Physical examinations of both sexes may reveal the likelihood that one was exposed, but if you are transsexual, the effects of hormone therapy and surgery will probably hide the evidence.

In the end, speculation and extrapolation on animal studies which back up the DES/dysphoria link may be as far as it will ever go. Perhaps it's tempting to seek out a cause for one's situation because most of us feel a little lingering guilt about our own role in becoming what we are. Unfortunately, solid medical evidence about DES or other causes continues to elude us for now.

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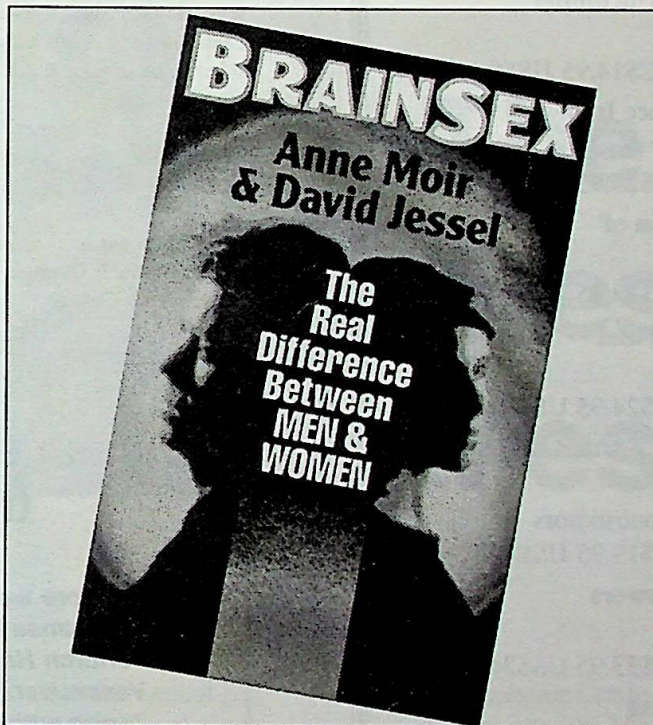
*\*Fortunately for those born in Quebec, the law there forbids destruction of anyone's records while they are alive; the Maritime provinces require they be kept for 20 to 50 years.*

*For those interested in contacting DES Action Canada, their address is: Snowdon P.O. Box 233, Montreal, PQ H3X 3T4*

\*\*\*

*Some of the names under which DES was sold in Canada:*

*Chembestrol, Dienestrol, Diethylstilbestrol, Estrobene, Gynestrogene, Honvol, Novostilbestrol, Ovextrol, Pabalate, Phenestrol, Stilbium, Tylandril, Vallestril, Willnestrol.*





# The Literary Word!

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# Editor's guest lecture enlightens students

*ZENITH editor Stephanie Castle recently gave a guest lecture at Capilano College on the topic of transsexualism. College official Dr. Susan T. Gardner passed along some of the feedback. We thought it worthy of publication because it shows the value of education and how we can break down some erroneous beliefs.*

Dear Stephanie,

As I told Jamie, we spent the hour and a half after you left, de-briefing. I would have liked to tape the comments for you, but I guess if the students knew you would hear them, they would not have been so spontaneous. The comments from the young men were particularly interesting.

One expressed it this way. His stereotype of "that sort of person" had been so shattered that he had been left literally speechless. He described it as a lifetime experience. If he could have been so wrong in this instance, he said, he may be just as wrong in other instances. He described the encounter as an overall cure for stereotyping.

Makes it all worthwhile, doesn't it? It is education at its best, I think, and I thank you for your generosity in sharing your life with us all.

Warm regards

Dr. Susan T. Gardner  
Capilano College

## Splash social event of the year

*As before we are holding our Annual Christmas Dinner at the Unitarian Church Hall, West 49th and Oak, Vancouver. This will be catered by Zenith with a traditional Christmas turkey dinner. All food will be provided by Zenith, but if you want to bring a small item such as a savoury salad, shortcakes, cheese, fruit, chocolates or after dinner mints, that's okay too, but please, no big items.*

**Saturday, Dec. 12, 1998  
1.00 p.m to 5.30 p.m..**

**\$10.00 per head.  
Reservations necessary  
call 604-261-1695 to reserve seats**





Zenith Foundation's AGM was held on September 28th. What follows is President Sarah Wilson's address.

# The President's Message

I would like to welcome you all to this annual general meeting, our sixth year since the Zenith Foundation was founded, and one year since I took over the reigns from our founding president, Stephanie Castle. In the four years that I have been involved in this organization, I can honestly say that I have been impressed by the people who I have met in Zenith and the gender community in general, along with some really quality individuals who have been willing to volunteer their valuable time and efforts to try to make a difference for all of us. We as an organization continue to strive to help the lot of transsexuals in general. We also act as an advocate for those in need of help dealing with the various issues that gender dysphoric individuals find themselves having to cope with. At this point, I would like to identify and thank the various individuals alphabetically who have contributed their time and effort over the past year, attending monthly meetings as well as much more.

Stephanie Castle has been our Director of Public Relations over the last year and has been very active in a variety of areas. She has been involved as the Zenith Digest editor and major contributor, the Gender Clinic liaison committee, has given talks to students at UBC, Capilano College and the staff of Riverview Hospital; helped individuals who phone needing help, including those involved in the Armed Forces and the Prison System; as well as being involved with two support groups. She is a very major reason why Zenith is around today, and we sincerely hope that she will continue to be active in this organization for many years to come.

Pat Diewold is our treasurer and makes sure that we make our financial ends meet, and she is our major connective tie into the Vancouver Hospital Gender Clinic. Pat continually goes way beyond the call of duty in helping those of us having to come to terms with our gender identity, and her continued participation with Zenith is

*continued on Page 12*





Madonna

Jamie neill

Agnes Hohn  
(Mother of Dawn  
Douglas)

# Digesting the AGM

Daine Halley

Teri Doerksen



Ruth  
(Dawn Douglas' partner)

Pat Diewold

Edith Nelson  
(Mother of Sandi)

Sharon Doerksen  
(Mother of Teri)

Michelle Johnson



Melissa Tulloch



Christine Burnham



Leslie Stevens & partner Niki

*A spoonful of this and that helps the meeting go down, Zenith members discover to the delight of their palates. After taking care of the business on hand they found moments pleasant as they caught up on the goings-on in each others' lives. All went home happy with the knowledge that board members are managing the affairs of Zenith Foundation more than capably.*



from Page 9

much appreciated. My thanks for making the arrangements for this meeting.

Dick and Sharon Doerksen have been very supportive in regards to our Parents and Significant Others support group and have provided their home for meetings.

**Daine Halley** has been involved with the Gender Clinic liaison committee and another committee setup to deal with youth issues. Daine and I have both been involved in the Labiaplasty issue, trying to obtain a funding for those of us who have been to Doctor Meltzer in Portland for the first part of SRS. I am pleased to inform you that there is now a commitment to fund the second Labiaplasty component for those who have a medical need, along with the necessary criteria. Daine has been quite persistent in contacting MSP and getting a suitable, if not perfect resolution.

**Dianne O'Brien** is our Layout and Production Editor and Copy Chief; and has contributed much time, much effort and much expertise in the production of the Zenith Digest.

**Ingrid Olson** has been instrumental in getting the Victoria Zenith chapter off the ground.

**Gayle Roberts** has been our Vice President over the last year and has also been active in various areas. She was on the Disability Committee and has been involved as a moderator on some research being done by Rhonda Franklin and the GLBT organization. My thanks to her for her expertise in chairing this AGM.

**Tamara Sale** has been our Editorial Co-Ordinator and Photo Editor; and has also put in a huge amount of time, effort and skill producing the new improved Digest.

**Audrey Scammell** has been involved on our behalf in lobbying the provincial government to continue to provide M-F surgery.

**Roz Shakespeare** has kindly hosted our support group south of the Fraser River along with educating the Vancouver Police Department about TS issues.

**Danielle Sherstobitoff** has been our secretary over the last few months and has been doing an outstanding job with the minutes of our monthly meetings. She has also been instrumental in getting our web page up and running, although not without some problems that have been beyond our control.

Our thanks also to **Kim Nixon, Megan Anderson and Jennifer Robertson** for their contribution to the executive. In addition, our thanks go to **Christine Burnham, Jenny Mars and Melissa Tulloch** who are regular contributors to the Digest. We also would like to thank our advertisers who have given us their confidence and support, as well as additional much needed funds!

In regards to directions over the last year not already mentioned, our book **Guidelines** continues to sell, with a good percentage of the customers being libraries. We now have two addi-



Danielle Sherstobitoff

Derece Powell

**Zenith members enjoy a chuckle as Photo Editor Tamara Sale zooms in to record their joy.**

Sarah Wilson



tional "Some Questions and Answers About" pamphlets in circulation which now raises the total to five; "Consider the Children: Transsexual Children and Youth"; and "Remember the Family: The Children of Transsexuals and Gender Dysphoria in the Parent".

Zenith remains committed to providing education and support to those who need it. We intend to continue focussing on such topic areas as transsexual youth and children; providing information and guidance to the education system, other institutions and society in general, and persuading the Medical Services Commission to continue to fund SRS, including labiaplasties. Our support groups continue to function, helping those who seek help in resolving the many difficult issues, in a pleasant home atmosphere.

Our primary means of communicating to members, especially those who live in outlying areas, continues to be the **Zenith Digest**. The response to the change in format has been overwhelmingly positive and we are proud of our accomplishments. These positive changes do however come at a cost, and as a result our finances are stretched more tightly. We manage to do all the items mentioned in this speech entirely through our membership fees, subscriptions, advertising fees, and donations of well-wishers. I would like to encourage those who

have not yet renewed their membership, to do so, since these funds are needed in order that we can continue our efforts.

In addition, I would like to mention a reality of the gender community. The great tendency is for people in this community to be on a journey, starting off with no information or support, and then, often through the Gender Clinic and the Zenith Foundation, gaining a direction and focus previously lacking, and then often leaving it all behind. There is a continual need for an organization such as this one, for keen and concerned individuals who are willing to give back some of what they have received, so that there will be support and a feeling of kinship for those yet to tread down this difficult path. Please give some consideration to helping out in whatever way that you can so that we can continue to offer the services we do and allow this organization to prosper. I truly feel that Zenith is unique in Canada and can do much to improve the situations of those who find themselves having to deal with Gender Dysphoria.

In conclusion, I would like to thank you for taking the time to come out to this meeting, and hope that you enjoy yourself this afternoon, meeting both older acquaintances and new faces, as well as sampling the variety of food. Your continued support is very much appreciated.



*The right wing news magazine B.C. Report purports that family values and transsexual issues are mutually exclusive. In rebuttal the Zenith Foundation penned the following letter which B.C. Report has just published.*

September 18, 1998

Editor,

B.C. Report Magazine

Regarding your piece "Until Dysphoria Us Do Part," (B.C. Report September 7, 1998)

It is true, the victims of transsexuality when a gender dysphoria case occurs in one or other parent is often the family left behind, but how serious this might be in its ultimate affects depends considerably on the attitude and resiliency of the surviving spouse and the children. In the case of the Dupres, all the hell-raising protestations, public or private, unfortunately are going to be no more effective in driving it out of the father's mind, where it has almost certainly reposed since he was born, than similar activity when a mother or father develops terminal cancer or, bringing back one of them if killed in an auto accident. Mrs. Dupres's anger and rejection are part of the cause of her children's response, which I realize is a suggestion that will anger her even further, but don't let's blame everything on her husband.

Gender dysphoria in its several variations brings its own set of problems. The medical, legal and human rights issues are capable of being dealt with, even if there are many challenges on the way. The social upheaval is sometimes a different matter as it affects every relationship in some degree, even to the extent that friends and relatives have to become used to dealing with a case in the adopted gender after a lifetime of knowing the person in their original sex as born.

Multiply individual cases by hundreds being dealt with by the Vancouver Hospital Centre for Sexuality, thousands if looked at on a national, or tens of thousands on an international basis, and society as a whole has a challenge to face. It's a challenge incidentally, that will not be eliminated by employing the methods of fundamentalist right-wingers or Torquemada and the Spanish Inquisition! It needs knowledge based on sound educated facts, humanity and compassion, and believe me, this is accessible if a little effort is applied.

As for Laura Schlesinger, the "me generation," and her condemnation of men who should have faced the facts of their sexuality or gender, before marrying and producing children, other facts also need to be stated. One is that marriage is looked at as the key to normality and rationalization of an often difficult pre-married life. This can and does work for many, but it can also be undermined by

crisis from other causes. The fact is that just as it takes two to tango, so also is marriage a partnership, but like many it does not always work for other reasons all of which can be ignored by the "injured" party when the chips are down. My own two marriages of 39 years collapsed in the first case because of supreme selfishness and the second, because my then wife took on the mantle of extreme fundamentalism and expected me to follow suit.

It's a challenge that cannot be met by resorting to poorly informed, unbalanced and often inaccurate press articles which are motivated as much as anything by an urge to sensationalize. Because the subject relates to human sexuality, it is a natural for voyeuristic meddling in issues that are far more complex than can be accorded treatment by a lay journalist. Your own article talks of \$60,000 as being the cost in Portland, Ore. Less than half that amount would be an accurate figure, and even less if undertaken in Montreal.

Additionally, while appreciating your logic you always have to remind us that this is at the taxpayer's expense. So also is smoker's cancer, alcohol related diseases at all levels in society, industrial and auto accidents. If we do not pay through taxes we pay through premiums. These instances all relate to the weaknesses or chances we take in society, but all are respectable. Drug addiction is a cancer within society, but of course, "transsexuality" as you term it, by implication is a gross perversion and fair game for everyone to give it a kick. Give us a break and let's recognize it for what it is -- a genuine human and medical condition which demands the constructive attention of society.

Yours truly

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Stephanie Castle

Director of Public Relations



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# Politics of control and finance play major role in MSP funding

People are talking and speculating as to what might be the cause of the delays in the male-to-female sex reassignment surgery process. This *on again, off again* reality is not new. Gender Clinic patients have been experiencing SRS funding problems for over a decade. It just so happens that for the last year or so things have been really good, and that includes 100% funding from Medical Service Plan.

But what of these most recent turn of events? Those on the waiting list are angry and want an explanation. They also want to blame someone. To hear some people talk, you'd think the Clinic is to blame for these delays because they are too lenient about whom they referred for SRS. Some blame the MSP for being too rigid in its contract negotiations. Some even go so far as to blame the working poor who asked Dr. Meltzer's staff to lend them money to cover items they could not afford. Some blame those patients who smoke – it seems smoking is a key issue.

I believe the primary reason for the delay is because of the difference between socialized medicine and user fee medicine, and all the behaviours and expectations associated with each health care system.

It appears Dr. Meltzer can fill all his surgery slots with cash patients (this is the American health care way) and that he no longer needs B.C. patients to make a living. These cash patients may also be more suitable as they are consistently more stable, more respectful (don't show up cash-poor) and they do not smoke. All round, these cash patients appear to be better surgery candidates than the mixed bag from B.C.

Imagine for a minute, you are a specialist whose services are in great demand. Your practice is based on fee-for-service, with a cash deposit up front and the balance paid off prior to surgery. Now, these patients are highly motivated. They know they must behave and follow the surgeon's instructions to the letter or risk losing some or all of the cash they've paid out. You have the control you want.

Now imagine you have a contract with a government body. Although the financial rewards may be the same you have *no control* over the patients. You get paid only when SRS is complete.

This probably means you'll exercise your right and not renew the contract and retain your right to more control over SRS patients. I suggest that's why Dr. Meltzer has chosen to not renew his contract with MSP.

Meanwhile, it seems Dr. Meltzer has accepted some B.C. patients within the last few months. These are Gender Clinic patients from the wait-

ing list with MSP coverage. This arrangement is based on Dr. Meltzer's having last minute openings he cannot fill with his cash patients. This is not a suitable solution, but it does help. Yet, the list gets still longer and those on it more distressed.

I think we need to be thankful for the service Dr. Meltzer has provided over the last year. We also need to be thankful for the efforts MSC/MSP have made in trying to provide SRS to M-F patients. And, we need to be thankful to the Gender Clinic's medical staff for its efforts to keep things on track and for providing the best care for each patient.

As for where SRS goes from here, no body knows. The next important step in the process is the MSC/MSP meeting, where policies and procedures on the treatment of gender dysphoria are to be reviewed. This meeting was initially scheduled for August.

Still having to do with SRS it appears MSP is sincere when it asked for more information on phalloplasty and metaoidioplasty. F-Ms responded by presenting the latest data in support of SRS procedures. It is not clear what MSP may accept as proof that these procedures are beyond the experimental stage.

A similar challenge has gone out to M-Fs. If Dr. Meltzer is not available, then a new doctor needs to be signed up. The Clinic's Dr. Watson has just returned from Russia, where she learned SRS surgeons there are interested in a piece of the action.

\*\*\*

I attended a community forum, September 10<sup>th</sup>, hosted by TRANS ALLIES. They had arranged to have Mary Woo Sims, B.C. human rights commissioner, present to discuss her proposed changes to the human rights, and to share her discussions with the feminist-separatists who are against including gender identity as protected ground.

The TRANS ALLIES I met are young, in their late teens, early 20s. They appear to be mostly anatomical females and to come from the heterosexual, homosexual and bisexual communities. Some, perhaps all, identify as transgendered. They are articulate, and are sincere in their sup-

## tater tips

by Christine Burnham



port to have gender identity included in Human Rights. (TRANS ALLIES can be reached at 681-3676)

What was most interesting to me, was they have attempted to have a dialogue with the feminist-separatists, however, they have not been any more successful than the rest of us.

Sims met a group of feminist-separatists in the spring. She said these women are against adding gender identity to human rights and aren't willing to even consider the idea, nor do they consider their actions as being oppressive.

Meanwhile Sims said the Human Rights Commission is accepting complaints from transgendered individuals on the grounds of sex, disability, sexual orientation (and perceived sexual orientation).

One case has gone to tribunal and is pending a decision. It involves a pre-op M-F transsexual who was denied access to a women's washroom. What needs to be appreciated is that whatever the outcome, it will be a precedent setting case.

Sims said a much broader effort needs to be made to educate others. To this end, she said the commission is prepared to help facilitate a dialogue between the various pros and cons.

Also in attendance was Susan Christy from the attorney general's office. Susan reiterated Sims' comments about organizing. She said the transgendered community has to spread the word and get people and organizations to make their voices heard in Victoria. She said, numbers count, as does a wide and varied support base. She also said it is important to contact sitting members from all the parties.

The next sitting of the legislature will be this spring and unless someone steps forward and takes on the leadership role of a formal campaign, Victoria will likely side-step the proposed changes to the Human Rights. Who is going to step forward? How about the TRANS ALLIES? This group has the benefit of youth and they are not solely focused on transsexual issues. To date, it has been TS interests that have been the primary force in pushing for the changes. With TS interests representing 1% of the overall transgendered community, it seems appropriate that non-transsexuals take a stronger leadership role.

*continued on Page 16*



# 80 and still achieving, post-op offers hope, encouragement

By Irene Yates.

I left Vancouver, and all my transsexual friends, both pre-op and post-op, in April of 1992, so as to work on my M.A. at the University of Manitoba. I had my gender re-assignment operation on February 3rd, 1993, my 75th birthday, and received my Master of Arts degree February of 1996, there having been some delay due to illness. My 80th birthday will be Feb. 03 next, 1999.

Since, writing both my thesis and then an 80,000 word memoirs (not yet found a publisher), I have suffered with Severe Fatigue syndrome, which has delayed my effort to earn a Ph.D. The deadline has passed for this year, and I cannot commence those studies until September 1999. I am taking one course in advanced Italian this fall, hoping that this will help me get back in shape.

After my big operation, I suffered a prolapse because a nurse, who seemed to disapprove of my operation, removed the packing from my newly constructed vagina, causing me to have a prolapse, so the operation was repeated successfully one year later. I had felt some discontent with the surgeon who did the operation, but I now think that he was not all that bad, after reading Sarah Wilson's account of her sad experience and all the troubles she had relating to her operation.

My vagina is nearly four inches deep, and quite substantial. The two surgeons who co-operated in doing my operation were paid only \$900, each by Manitoba healthcare. This is perhaps the reason why they do not do this operation any more.

My operation was complete, everything was done at the one shot. I have had no dilation problems, and the surgeons took great care so that I should have no problem with my urethra.

I have had no yeast or other infections. I had only the normal amount of bleeding for the first few weeks, nothing traumatic or scary.

I am sorry about all the trouble Sarah has had, and I hope that her problems are now all resolved. I hope that her article in Zenith of May/June will not alarm pre-op patients who have been looking forward to their big day.

It is my understanding that Dr. Menard, and most surgeons in this field do everything at the



*Irene Yates, 80, will go for Ph.D in September 1999*

one time, and that Sarah's problems are unusual to say the least.

In my view, the Clarke itself is an abomination. Good luck Dallas, Go get 'em !

It would be nice if Stephanie Castle Heal would say a word about this.

I was interested in the article by Dallas Denny about the infamous Clarke Institute. I had approached the Clarke prior to coming to the Gender Clinic at Vancouver, but I dumped that institution after receiving an incredibly stupid letter from them.

However, I would make a few points, though I agree that Ms. Denny knows more about the subject than I do.

Dallas, there is no Canadian public health system as such. Every individual province has its own health organization. Of course, there is a national Ministry of Health.

Manitoba is not in the least interested in the Clarke opinions. Dr. McBeath, Head of Manitoba Health Care, after reading a kind letter from Dr. O. Robinow and Dr. Diane Watson, and one from a Winnipeg psychiatrist, advised me that he and his colleagues had considered the matter, and had decided that I needed the operation, and that it was a matter which would be fully paid for by Manitoba health.

It is an abomination that patients gaining experience living in the desired gender should be denied hormonal treatment..

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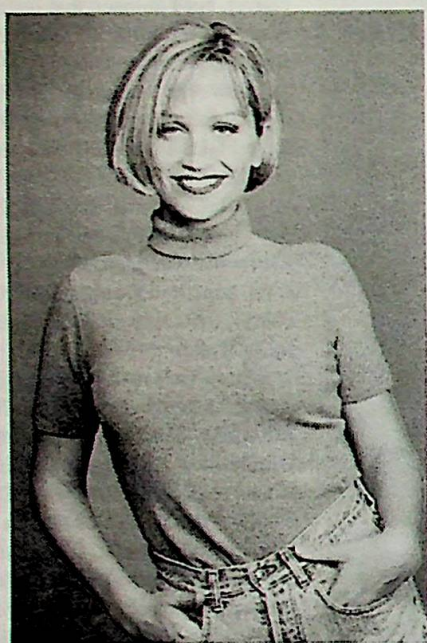
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## I'm not a lumberjack, but I'm O.K.

By Joanne Angus

*"I cut down tress, I skip and jump, I like to  
press wildflowers.*

*I put on women's clothing and hang around  
in bars.."*

*The girl friend of the burly logger looks at  
her beau aghast. The logger chorus reinforces  
the line by repeating it...*

To many transgendered men, this song from Monty Python has special meaning. We all remember life's embarrassing moments as a cross dresser: the fumbling attempts at putting on makeup, the inappropriate clothes, the feeling of fear (or perhaps terror). All transgendered men indulge in crossdressing, whether they are transsexual or not. Some are very good at it, some are just plain awful. The reasons for this unusual behaviour are complex and not clearly understood, but every crossdresser knows the irresistible pull that gender dysphoria exerts on a person. No matter where we sit on the Benjamin scale, we all feel the need to become female, if only for a few hours.

We make many mistakes in our efforts toward acceptance. One big mistake lies in how men visually perceive women. Men think that what you need to be a girl is to have good "T and A", big hair, lots of makeup. Since many men find these attributes to be erotic, (just visit a stripper bar sometime) they get into miniskirts and heels, believing they will look ultra feminine. Disaster usually results. It calls attention to you and makes you look ridiculous. It could also lead to violence, leaving you open to the attention of gay-bashers.

Crossdressers do some pretty crazy things in their first fumbling attempts at femininity. A D-cup bra filled with cotton wool, rice, silicone or whatever, does not a lady make. I recall one method that looked pretty good -- water filled condoms -- good, that is, until one burst. The fact that you have learned how to walk in five inch heels, isn't going to help much either. They may flatter your legs, but they identify you with strippers and hookers. This is not the kind of image most crossdressers are looking for. The sight of a 200 pound, six foot plus guy wearing a dress and heels can be both funny and tragic. For some CD's there is erotic value to wearing certain kinds of female clothing. My advice to these people would be to indulge in your fetishes at home or at parties where "drag" costumes are acceptable.



Joanne Angus

Going out in public is not a great idea.

For those of us whose dysphoria is of a greater intensity it is a mistake to try to look too sexy. For the T.S. acceptance is paramount. Unless you are gifted with the right kind of body, one should eschew the sexy stuff and try to fit in. Many of us are trying to de-emphasize the fact that we are tall, broad shouldered, deep voiced, etc.. Clothing should be chosen to accomplish this. The first thing to remember is that it's okay to be tall. There are women around in the six foot plus category, and they look just fine. (It always cheers me when I have to look up to a lady whose altitude is higher than my own six foot eleven.) Instead of looking at women, observe them. See how they dress, watch how they move and interact with people. Then emulate them.

On the rocky road to acceptance of your "real" gender, there are many pitfalls. But there are many high points. The other day I was trying out different "looks". Wearing jeans and a T-shirt, I looked at myself in a mirror. A tall woman smiled back at me. The profile was definitely female -- I wasn't wearing a bra. After forty years of pads and prostheses, they are no longer absolutely necessary, thanks to anti-androgens. This is making my male image a little tricky, but to say that I'm delighted is an understatement. One more step in my journey to self-discovery. The adventure continues. By the way, Joanne does go out for a drink occasionally.

from Page 14

Lastly, the data from the Transsexual/Transgendered Needs Assessment Survey 1998 has now been tabulated and published in a 22-page report. If you'd like a copy, give me a call (875-8262). The cost is \$10.00 (includes postage and GST).

Christine is a professional electrologist and an employment and human rights issues advocate for gender dysphoric individuals.



# Ontario opts to pull plug on GRS funds

Out of Toronto comes news from Queen's Park that the Harris Government has killed further funding for Gender Reassignment Surgery. A senior government official said, "We feel it is not a medically necessary operation and public tax dollars could be better spent elsewhere. The money will now be applied to cardiac surgery and the change has already been instituted."

In the 1997-98 budget year, taxpayers were billed \$122,000 for eight sex changes. The public purse has funded 48 of the procedures in the last six years.

Conservative MPPs Marcel Beaubien and Frank Sheehan had been lobbying for an end to public funding for "lifestyle" operations.

"I think we have a lot more pressing priorities," Beaubien said at a 1997 committee meeting that reviewed health spending. "If I had a choice between sex changes and heart surgery, I think the money should go to heart surgery," Sheehan added.

Ontario's former NDP government defended subsidized sex change operations and refused to delist the service.

Health Minister Elizabeth Witmer recently delisted testicular implants, wart removals and flu vaccines. The cost cutting moves will save \$50 million a year.

Canada's Armed Forces came under heavy public fire in September after military doctors agreed to cover the \$30,000 cost of a sex change for a male soldier. Defence Minister Art Eggleton defended the man's right to apply for the operation. "if a person has a right to consideration under a provincial plan, they have a right to consideration under our plan," Eggleton said.

In Ontario, sex changes were granted only after Toronto's Clark Institute completed a psychological review. Then the patients were sent to American or English hospitals for the necessary alterations.

*Ottawa Sun*

Editor's note - The last provincial government to cancel coverage was the Van der Zalm Socred government in 1987. On legal advice obtained by the government a year later it was found to be illegal and coverage was reinstated, but no public admission was made of the reinstatement. It was not until 1994 that a somewhat embarrassed Ministry of Health, operating under a different political stripe, admitted that the coverage was still in being and some retroactive funding was given. Full coverage started up again in March 1997, but is now awaiting a decision on who will do future operations.

## Sorry for the delay

The staff of ZENITH DIGEST has been referred to as a three-legged stool. Remove a leg and the stool falls. Unfortunately, one of our legs was unavailable due to a family member's death which took her out of town for a while. Zenith Foundation offers its condolences and apologizes to DIGEST readers for the unavoidable delay in publication

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# Zenith welcome mat is always out and a resounding yes from Russia!

Having attended the annual meeting of the Zenith Foundation, the presence there of so many diverse people socializing together brings home to me the value of friendship and, just as important fellowship among our small community. To many these two words may mean the same thing, but they are not quite the same, so let's just take a look at dictionary definitions.

"Friendship" means a *relationship of mutual affection and good will.*

"Fellowship" means *the companionship and comradeship characteristic of group solidarity or the friendly exchange between individuals that springs from shared interest.*

Nobody, I hope, takes the view that Zenith in some way is trying to impose its influence on people in any way that might be taken as a sort of cult or movement. If they do they are wrong as the one thing we have tried to avoid is any suggestion of an activist militant high profile movement, where the organization becomes more important than the individual. What we try to provide is common ground, a meeting place, a focal point where people with similar interests and challenges can get together and enjoy each other's society.

Every so often we hear of someone who feels that they must break away from what I take it as being the negative influence of association with other transsexual people. The accompanying thought is that they must strike out on their own. There is nothing wrong with that and in no way does membership of Zenith place a halter on anyone's effort to establish themselves in their own way, which incidentally we always encourage and applaud. The other point of view is that people should strike out for themselves, but not abandon Zenith which is there, somewhat like the family church, where people renew themselves as often as they wish and then go on to do their own thing.

It is not at all uncommon to have members do this and then find that they have cut themselves off from a supportive empathetic society which understands them and their challenges. Fortunately the door is always open to those who wish to return and when they do come back in from the cold, they are welcomed as before, no questions asked.

## Commentary

by Nefertiti



*It was happen 25<sup>th</sup> of February! 4.000 +  
and many many nervous! Yes!*

**YES**

*I love all people! I love you very much,  
I love, I love! Oh! My God! THANKS!  
Jesus, thank You! Elaine, I love you!!!*



YES says Valentina

\*\*\*\*\*

We have quoted a letter sent by Zenith in rebuttal of an article in *B.C. Report* news magazine. Claiming to be a responsible journal, it is

dismaying to find that for the second time this year, they have run a piece on a transsexual subject which is not merely inaccurate, but is so grossly wrong that one wonders if it will ever be possible to get a correct and decent understanding of the subject across. This is a journal whose editor ranted and raved in his weekly television interview about the entire transgendered population at the time when the Human Rights amendments were under heavy discussion and put out the proposition that the entire proposal should be cancelled.

Let it be known that I, along with certain other members of Zenith hold right-of-centre political views, but please God, don't hold it against us, as we do have a social conscience which is demonstrated by our support of Zenith and the needs of the transsexual community. Unfortunately, it is assumed by some that because one might be, as am I, a rightwing fiscal conservative, that we are all like *B.C. Report*. It's not true and so far as I am concerned some



of the trash they put out should be consigned to the garbage bin.

\*\*\*\*\*

On the international front, there is news from a place called Phuket located on the coast of Thailand. I gather it is a popular watering hole for the rich and famous of that country, but it also has another claim to fame. Here Dr. Sanguan Kunaporn holds forth and provides gender reassignment surgery at a bargain basement price of \$4,500. He has done a substantial number of operations with success and adds that he adheres to the Harry Benjamin standards. That's questionable, however, as the period for psychiatric care and hormone therapy is six months with 12 months of full time living!

With Australia's Monash University Hospital, Singapore's National University Hospital and now Phuket that makes three in Southern Asia and Australia that are providing a regular service to the community. I did hear that the operation was also being performed in Djakarta, Indonesia, but have found out nothing more. With the current political problems, social unrest and financial challenges in Thailand and Indonesia it strikes me that both would be good places to stay clear of. Incidentally the air fare alone, plus the complications of travel in a tricky part of the world would not make Thailand an

attractive place to travel to and have GRS. I would even be worried about getting back home in one piece.

\*\*\*\*\*

In my column in the last issue I commented on news from Russia. Here are two pictures by which Valentina (Valya) announced completion of her GRS to her friend Ruth Farmer in Australia. The downside is that having once had GRS her boy friend, Peter, lost interest which naturally has left Valya very sad. This reminds us that we've heard of this behaviour before. Forwarded by Ruth was a copy of the *Neva News*, an English language tabloid obviously designed to help tourists around St. Petersburg.

It had nothing to do with gender news, but I was quite amused by some of the blatant efforts to catch the tourist dollar. Aside from Kentucky Fried Chicken and the likeness of Colonel Sanders on everything, there were ads for Pizza Hut, the California Grill, the John Bull Pub (English pub), Mollie's Bar and the Shamrock (both Irish pubs). The map of the city was fascinating, naturally emphasizing the main tourist attractions, but beyond that it showed a city loaded with history and culture. If I ever had the chance I would certainly love to visit the city on the Neva.

## Petra joins staff



The DIGEST welcomes on board our new eastern contributor Petra Cummings. Readers will remember Petra for her much appreciated articles on her transition within the Canadian Military. Now awaiting discharge and a move to the Ottawa area Ms Cummings will spearhead our Eastern Bureau, thereby expanding DIGEST to true national representation and coverage.

Cheers Petra! We look forward to hearing from you.



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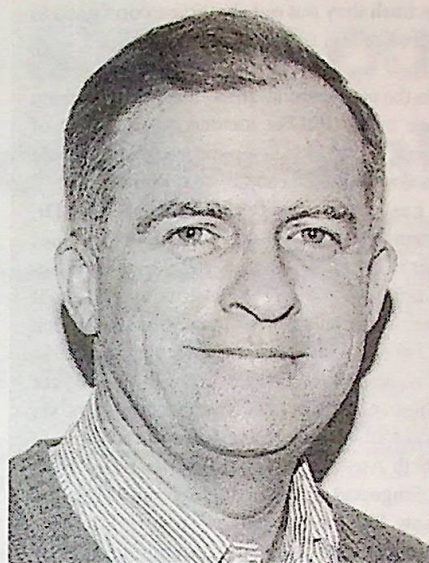
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# REFLECTIONS



**Jamie Powers**  
MEd, MA

## TRANSPHOBIA: A LIFETIME THREATENING DISEASE

Recently I was asked to speak to the Planned Parent Educators of British Columbia at their annual conference. My topic was about how homophobia affects the life cycle of lesbian and gay people. There are, I believe, strong similarities between homophobia and transphobia and the following are some reflections on how transphobia may affect transgendered people during their early life experience.

Transphobia for me began in the hospital. The story in my family was that after my birth my mother "Jamie", to which my father responded, "That was enough!"; it was no name for a man. It did stop, and it was only ten years ago that I reclaimed the name and simultaneously took my partner's last name. Transphobia touches us early in life.

Before my present vocational incarnation I worked in the area of Early Childhood Education, both as a teacher of young children and as a college instructor. It is a real delight at this time in my life to be invited to speak to Early Education students about the issues of sexual orientation and gender identity as they relate to young children. An oft-asked question from students is, "How do we deal with the parent who angrily demands that their little 'Billy' be banned from donning adult female attire and playing house' in the dress-up area?" In other words, how do we deal with an instance of transphobia in the preschool? Little Billy's desire to dress up is certainly not foreign to the experience or the fantasy of all male-to-female children. Such activity as we know, however, is no definite indicator of gender identity or sexual orientation

later in life. The vehemence with which some parents approach this issue is frightening, and some will even threaten to withdraw the child from the centre unless gender conformity is enforced. My response to this question is to encourage the student to dialogue with the parent and to use this as an opportunity to educate. I also stress, however, that it is just as important to have a policy clearly established. For instance the parent who suggests that their child should not use the same washrooms as children with special needs or sit at the same table as children of colour (and I have had both of these occur) is clearly reminded that certain human rights policies exist within the centre and that these policies are not negotiable. So it should be with transphobia. Those of us who are middle-aged and older may not have been educated in such supportive environments and great is the loss if such gender self-expression is forbidden in the young transgendered child's life.

I will share more on how transphobia affects the life cycle of transgendered people in the forthcoming issue. Hoping that if not your life as a child, then your life as an adult is allowing you to be who you really are.

A stylized, handwritten signature of the name "Jamie" in cursive script.

**Jamie Powers is a Registered Clinical Counsellor working in private practice. There is a fee for his services. Jamie's office is located within the Centre for Sexuality, Gender Identity and Reproductive Health at 575 West 8th Avenue, Vancouver. Call (604) 737-8482**